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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	JAB 1463 -PCT-USA
First Named Inventor	Robert Douglas Gordon
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VASCULAR ENDOTHELIAL GROWTH FACTOR-X

the specification of which

is attached hereto
OR

was filed on (MM/DD/YYYY) **12/21/1999** as United States Application Number or PCT International

Application Number **PCT/US99/30503** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
9828377.3	GB	12/22/1998	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/124967 60/164131	03/18/1999 11/08/1999	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number _____ → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Steven P. Berman Andrea L. Colby	24,772 30,194	Michael Stark Ellen C. Coletti Mary A. Appollina	32,495 34,140 34,087

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number or Bar Code Label _____ OR Correspondence address below

Name Philip S. Johnson
Address Johnson & Johnson
Address One Johnson & Johnson Plaza
City New Brunswick State NJ ZIP 08933-7003
Country USA Telephone (732) 524-2359 Fax (732) 524-2808

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any) Robert Douglas			Family Name or Surname Gordon			
Inventor's Signature	<i>Robert Gordon</i>					Date 05/02/01
Residence: City	Beerse	State	Country	Belgium	Citizenship GB	
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium					
Post Office Address						
City	Kapellen	State	ZIP	2950	Country Belgium	
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Jorg Jurgen</u>		<u>Sprengel</u>					
Inventor's Signature	<i>Jorg Sprengel</i>					Date	<u>06/01/01</u>
Residence: City	<u>Beerse</u>	State		Country	Belgium	Citizenship	DE
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
City	Leichlingen	State		ZIP	42799	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Jeffrey Roland</u>		<u>Yon</u>					
Inventor's Signature						Date	
Residence: City	Beerse	State		Country	Belgium	Citizenship	GB
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
City	Ely	State		ZIP	CB6 3EJ	Country	United Kingdom
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
<u>Josiena Johanna Huberdina</u>		<u>Dijkmans</u>					
Inventor's Signature						Date	
Residence: City	Beerse	State		Country	Belgium	Citizenship	NL
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
City	Ossendrecht	State		ZIP	4641 BW	Country	The Netherlands

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Supplemental Sheet**

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Jorg Jurgen		Sprengel					
Inventor's Signature						Date	
Residence: City	Beerse	State		Country	Belgium	Citizenship	DE
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
City	Leichlingen	State		ZIP	42799	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Jeffrey Roland		Yon					
Inventor's Signature	<i>J. R. L.</i>					<i>BEV</i>	Date <i>05/24/01</i>
Residence: City	Beerse	State		Country	Belgium	Citizenship	GB
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
City	Ely	State		ZIP	CB6 3EJ	Country	United Kingdom
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Josiena Johanna Huberdina		Dijkmans					
Inventor's Signature						Date	
Residence: City	Beerse	State		Country	Belgium	Citizenship	NL
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
<u>Anna</u>		<u>Gosiewska</u>						
Inventor's Signature	<u>Anna Gosiewska</u>						Date	<u>05/14/01</u>
Residence: City	Skillman	State	NJ	Country	08558	Citizenship	PL	
Post Office Address	c/o Wound Healing Technology Resource Center RG24, North Building, 199 Grand view Road, Skillman, NJ 08558, USA							
Post Office Address	<u>NJ</u>							
City	Skillman	State	NJ	ZIP	08558	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
<u>Sridevi Naidu</u>		<u>Dhanaraj</u>						
Inventor's Signature	<u>Sridevi Dhanaraj</u>						Date	<u>05/14/01</u>
Residence: City	Skillman	State	NJ	Country	USA	Citizenship	IN	
Post Office Address	c/o Wound Healing Technology Resource Center RG24, North Building, 199 Grand view Road, Skillman, NJ 08558, USA							
Post Office Address								
City	Raritan	State	NJ	ZIP	08869	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
<u>Jean</u>		<u>Xu</u>						
Inventor's Signature	<u>Jean Xu</u>						Date	<u>05/14/01</u>
Residence: City	Skillman	State	NJ	Country	08558	Citizenship	CN	
Post Office Address	c/o Wound Healing Technology Resource Center RG24, North Building, 199 Grand view Road, Skillman, NJ 08558, USA							
Post Office Address								
City	Hillsborough	State	NJ	ZIP	08844	Country	USA	

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Post Office Address							
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Josiena Johanna Huberdina		Dijkmans					
Inventor's Signature	<i>Dijkmans</i>					Date	<i>05/02/01</i>
Residence: City	Beerse	State		Country	Belgium	Citizenship	NL
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
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DOCKET NO. JAB-1463

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : GORDON et al.

Serial No. :

Filed : June 21, 2001 Art Unit:

For : VASCULAR ENDOTHELIAL GROWTH FACTOR-X Examiner:

Commissioner for Patents
Washington, D.C. 20231

ASSOCIATE POWER OF ATTORNEY

Sir:

In the matter of the above-identified application, I hereby appoint Myra H. McCormack (Reg. No. 36,602), whose postal address is One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933-7003, my associate attorney to prosecute said application, to make alterations and amendments therein, to file continuing applications claiming the benefit of said application, to receive the patent and to transact all business in the Patent Office connected with said application.

I request all communications with respect to said application be addressed to Philip S. Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933-7003. All telephone calls should be directed to Myra H. McCormack at (732) 524-6932.

Signed at New Brunswick, in the County of Middlesex and State of New Jersey, this 21st day of June, 2001.


Mary A. Appollina
Reg. No. 34,087
Attorney for Applicant(s)

One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003
(732) 524-2797

DATED: June 21, 2001